



## CANBERRA BOWLING CLUB INC MEMBERSHIP APPLICATION

I, (Mr Mrs Ms Miss Dr) .....  
(Name in full – please use block letters)

of (Full Address).....Post Code.....

Email Address .....

Phone Nos: Home..... Mobile ..... Work .....

Date of Birth: ..... Occupation: .....

- Hereby apply for:
- |                          |                                  |                         |
|--------------------------|----------------------------------|-------------------------|
| <input type="checkbox"/> | <b>Full Playing Membership</b>   | <b>\$95</b>             |
| <input type="checkbox"/> | <b>Junior Playing Membership</b> | <b>\$40</b>             |
| <input type="checkbox"/> | <b>Social Membership</b>         | <b>\$10 for 3 years</b> |

### For full playing members:

1. Are you a member of a Bowling Club?..... If yes, state which Club.....
2. Do you have a clearance certificate from your previous Club?.....  
(this must be produced before you can become a playing member)

In making this application for membership of the Canberra Bowling Club Inc. I agree to abide by the Constitution, By-laws, and dress rules of the Club and of Bowls ACT.

Signature of Applicant:..... Date: .....

Name of Proposer ..... Signature .....

(Please print)

Name of Seconder ..... Signature .....

(Please print)

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### OFFICE USE ONLY:

Accepted:..... Notified: .....

Club No: ..... Bowls ACT No: ..... Affiliation Date: .....